Position Statement – March 2017
Infection Control in Endoscopy

Purpose
Endoscopic procedures have been linked to serious infections, in particular Carbapenamase-producing Enterocacteriaceae (CPE). Industry guidelines are currently being reviewed to address these potentially catastrophic infections. A specialist Infection Control working party was established by GESA and developed Draft Guidelines addressing CPE which were circulated widely but not adopted by the GESA Board. A second working party has been established by GESA to review the ICE Guidelines in totality. This GENCA Position Statement is to assist all endoscope users in making informed decisions, in the interim, in conjunction with the GESA statement released in August 2016.

Preamble
Endoscopic procedures have been associated with a worldwide risk of fatal, procedure induced multi resistant infections such as pseudomonas and Gram negative Carbapenamase-producing Enterocacteriaceae (CPE).

Contributing factors:
- Inadequate cleaning of endoscopes
- Design of some types of endoscope eg elevator channel in duodenoscopes
- Inadequate disinfection of all channels
- Failure to dry scopes adequately prior to and during storage
- Inadequate cleaning of reusable endoscopic accessories
- Reuse of single use endoscopic equipment
- Contamination of Automated Endoscope Reprocessor (AER)
- Contaminated Air/water bottle and /or non-sterile water
- Insufficient training of reprocessing personnel
- Lack of regulation of reprocessing procedures
Position

The Gastroenterological Nurses College of Australasia (GENCA) believes that the nature and complexity of endoscopic procedures and equipment warrants specific precautions to reduce the risk of procedurally transmitted infections.

Recent FDA TGA ASGE and GESA alerts have highlighted the imperative nature of this risk.

These include:

1. During the **manual cleaning process**, meticulous attention must be paid to complex endoscopes in particular the elevator channel and recesses surrounding the elevator bridge mechanisms of the duodenoscope. The cleaning adaptors and brushes recommended by the manufacturer of the particular model of endoscope must be used. Strict attention to current manufacturer’s manuals and policy must be adhered to.

2. Failure to adequately rinse each channel with bacteria free water following HLD can lead to contamination. Therefore bacteria free water must be used. The final rinse of the endoscope and channels after HLD via an automated reprocessor must pass through filters ranging from 10 microns to 0.2 micron absolute final filter.

3. All endoscopes must be stored in accordance with the National Standards and the GENCA guidelines. Continuous monitored air drying cabinets complying with European Standard EN 16442:2015, or working towards compliance by 2020, in accordance with AS4187:2014, are considered best practice for all endoscopes.

4. Single use accessories are recommended.

5. Microbiological testing of endoscopes as recommended in the GENCA Guidelines with the addition of tip sampling of duodenoscopes.

References

- ASGE Duodenoscope Infection Control Summit 2015
- SGNA ASGE Call attention to CDC Report on ERCP and infections Jan 15 2014
- Design of endoscopic Retrograde cholangiopancreatography (ERCP) Duodenoscopes may impede effective cleaning: FDA Safety Communication February 19, 2015
- Duodenoscope reprocessing: risk and options coming into view, Gastrointestinal Endoscopy Vol 82, No 3 2015
- Olympus Instructions Duodenoscope TJF type Q180V
- GESA Position Statement August 2016